

**PLAINTIFFS' MEMORANDUM OF LAW IN OPPOSITION TO
DEFENDANTS' MOTION FOR SUMMARY JUDGMENT RE NUISANCE**

EXHIBIT 10

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

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THE CITY OF HUNTINGTON,

Plaintiff,

vs.

CIVIL ACTION
NO. 3:17-01362

AMERISOURCEBERGEN DRUG
CORPORATION, et al.,
Defendants.

CABELL COUNTY COMMISSION,
Plaintiff,

vs.

CIVIL ACTION
NO. 3:17-01665

AMERISOURCEBERGEN DRUG
CORPORATION, et al.,

Defendants.

* * * * *

Videotaped and videoconference deposition
of JAN RADER taken by the Defendants under the
Federal Rules of Civil Procedure in the above-
entitled action, pursuant to notice, before Teresa
S. Evans, a Registered Merit Reporter, at the
Mountain Health Arena, One Civic Center Plaza,
Huntington, West Virginia, on the 17th day of June,
2020.

1 before you left the hospital. But I had -- I
2 wanted nothing to do with it.

3 As soon as I'd get home, I'd switch to
4 Tylenol and Aleve or something else. So --

5 Q. Have you ever had any issues with drug or
6 alcohol abuse?

7 A. Me personally?

8 Q. Yes.

9 A. No.

10 Q. Have you had any family members or friends
11 that have had issues with opioid abuse?

12 A. Yes.

13 Q. Can you tell me generally about that?

14 MS. KEARSE: That's -- I was going to
15 raise -- I mean, I think these are sensitive issues
16 there.

17 MS. BROWNING: Yeah.

18 MS. KEARSE: So I'm going to leave it
19 to the Chief on how --

20 MS. BROWNING: Yeah, that's why I said
21 "generally."

22 MS. KEARSE: -- on that too.

23 A. I have a lot of friends. There's not one
24 person in this area that I know that has not been

1 touched or had collateral damage to them,
2 themselves from the opi -- opioid epidemic. It is
3 horrendous.

4 Q. During your career with the fire
5 department, have you ever known a time when abuse
6 of drugs was not a significant problem in this
7 area?

8 A. It wasn't when I first started. I rarely
9 went on an overdose. Rarely. Usually the only
10 calls we went on when I first came on the job were
11 -- that were drug-related were alcohol-related to
12 our local drunks that everybody knew.

13 Q. And then you told me that you started to
14 see issues with --

15 A. -- pills.

16 Q. -- pills --

17 A. Uh-huh.

18 Q. -- about when?

19 A. It was probably early to mid 2000s.

20 Q. And then we've discussed a number of times
21 that around 2012, you started to see a shift to
22 the -- away from pills and toward the illicit
23 fentanyl, carfentanil --

24 A. Uh-huh.

1 Q. Who should be, in your opinion, developing
2 what's going to help a first responder or a child?

3 A. I think it should be experts in that field
4 with -- guided by those on the front lines who tell
5 you what we see and what we do. It's going to take
6 some -- you know, you're going to have to do
7 experiments and figure out what works and what
8 doesn't work.

9 Because let me tell you what: If
10 you've sat in an office your whole career and
11 you're a psychologist and you try to talk to me
12 about what I see and tell me how to feel and do,
13 that's not going to work. We're going to listen to
14 people who have been in the trenches with us.

15 We need mindfulness. We need the skill
16 set to deal with what we're seeing. This is a war
17 zone. This is a war zone for first responders.
18 It's a war zone for children. That's all they know
19 growing up, is death and destruction.

20 Q. You've mentioned -- you've used the phrase
21 today "young death."

22 A. Uh-huh.

23 Q. What do you mean by that?

24 A. Somebody who's died before their time.